Sharob Care (Bude) Ltd

Trelana

Inspection report

Northcott Mouth Road
Poughill
Bude
Cornwall
EX23 9EL

Tel: 01288354613
Website: www.sharobcare.co.uk

Date of inspection visit:
28 September 2017

Date of publication:
02 November 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 28 September 2017. Trelana provides nursing care for up to 50 older people. At the time of our inspection 44 people were living at Trelana. The service is split into two units. One of these is situated on the lower floor of the building and is for people who are living with dementia. The service was last inspected 4 February 2016 when it was rated Good in all areas. At this inspection we found that the service remained Good overall but that improvements were required in relation to our key question; "is the service safe?"

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was aware of their responsibilities to inform the Care Quality Commission and local authority of any safeguarding concerns or incidents where people might have been at risk. One person had recently moved into Trelana and was unsettled and could become agitated. This had left other people feeling anxious. We found that action to improve people's experience of the service had not been taken in a timely manner and we have made a recommendation about this in the report.

A recent recruitment drive had taken place and the service was fully staffed. People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People had their medicines managed safely. People received their medicines as prescribed and on time.

New staff received a comprehensive induction programme. Staff were appropriately trained and had the correct skills to carry out their roles effectively. They were supported by a robust system of supervision and regular training updates.

The registered manager and staff understood their role with regards to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People chose the meals they wished to eat and decided where to eat them. Special diets were available for people with particular dietary needs.

The registered manager told us of plans for improvements they intended to make. We found they acted quickly to address any issues identified during the inspection process. Staff described the management as supportive and approachable.

There were a series of quality assurance systems in place. Incidents were appropriately recorded and analysed.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe. People sometimes became distressed due to their health needs. This had left other people feeling anxious and unsettled.

There were robust systems in place to help ensure people received their medicines safely and as prescribed.

Risk assessments in people's care plans guided staff on the actions they should take to protect people from identified risks.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Trelana

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 28 September 2017. It was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. There was no Provider Information Return (PIR) available for us to view as we had not requested one. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people who lived at Trelana, five relatives and a visitor to the service. We also spoke with the registered manager and area manager and eight members of staff. We looked around the premises and observed how staff interacted with people.

We looked at four records related to people's individual care needs, three staff recruitment files, training records for all staff and other records associated with the management of the service.

After the inspection we contacted four health professionals who had experience of the service.

Requires Improvement

Is the service safe?

Our findings

Before the inspection we reviewed notifications we had received from the registered manager including notifications of events where people had been at possible risk of harm. We had received eleven of these since January 2017 and were concerned people were at risk.

Due to their health needs some people could become confused and distressed. This could lead to behaviour which staff might find difficult to manage and could cause anxiety to other people. One person often became anxious and could be verbally aggressive towards staff at these times. Staff told us other people found this distressing and some were fearful around the person. Some people avoided using a shared lounge when this person was in it. One person was particularly disturbed by the shouting. Arrangements were being made for them to move to a different bedroom where they would be less likely to hear any disturbances. Staff told us they were confident supporting the person and were usually able to keep them calm and happy if they were able to support them on a continual one to one basis. There was no funding in place for this to occur. We were concerned staff were not always able to meet the person's needs in a timely manner to avoid any loud and aggressive outbursts which could make others fearful. Although there was no clear evidence of the person being physically aggressive towards others a recent incident had occurred where the person and another had been found on the floor. No-one had witnessed what had occurred and so we were not able to establish if this had been an accident or the result of an altercation.

We discussed the support for this person with the registered manager and area manager. They explained the person had only recently moved to Trelana. They believed that, given time to adjust, the person might become more settled. Staff told us the person was much less likely to be distressed when staff were able to spend time with them. During the inspection visit the registered manager contacted the commissioners to request funding for one to one support. Following the inspection we were informed the person was now receiving one to one support and the care and support in place would be kept under review. A best interest meeting involving family and external healthcare professionals had been arranged.

We recommend that when it is identified people are at risk, or feel at risk, action is taken in a timely manner to help ensure people's experience of living at the service is safe.

We reviewed the notifications received with the registered manager. We were able to establish that many of the notifications were in respect of two individuals. One of these had since left the service following a best interest discussion between relevant parties which concluded the service was no longer able to meet the person's needs. The other was still at the service and we were assured their anxieties had lessened following a review of their medicines.

The registered manager had identified the high level of safeguarding concerns and had developed a tool to allow them to have oversight of concerns. This was analysed regularly and action taken to when any patterns were identified. Behaviour risk management plans had been developed for some people. These guided staff on the actions they should take to minimise any risk. For example, the introduction of monitoring charts and regular visual checks for people.

External healthcare professionals told us they considered Trelana to be a safe environment. Comments included; "I feel that overall residents feel safe and nurtured by the staff and surroundings" and "Residents I have spoken to feel safe."

Staff had received safeguarding training when starting work at the service and this was regularly refreshed. The provider and registered manager had attended a safeguarding for managers Level 3 course. Staff had also undertaken training in how to support people when they acted in a way which might put themselves or others at risk. There was a safeguarding policy in place and this had recently been updated to reflect changes in the local authorities contact details. Information on how to report any concerns was available on a leaflet displayed in the foyer.

Staff and relatives told us there were not always enough staff to meet people's needs. Concerns about staffing levels were mainly in respect of the dementia unit. One relative commented; "They can be short of staff. Sometimes it takes three staff to put him to bed so I watch the floor." We discussed this with the registered manager and area manager who told us they had been low on staff during the summer months which had been difficult. They had recently recruited four new members of staff who had now completed their induction meaning the service was now fully staffed. The area manager told us they planned to overstaff the service in order to help ensure any absences could easily be covered. In addition they were planning to recruit a team of bank staff to cover any absences at Trelana and the providers other two services.

During the inspection people's needs were met quickly and call bells were responded to in a timely manner. Some people on the dementia unit required the assistance of two staff to support them with personal care and to move around. This unit was staffed by four care workers including the nurse. Staff told us this meant some people had to wait for support at times. The registered manager acknowledged this had been a problem but told us some people who required the assistance of two staff would be moving to the other unit very soon which would relieve the high level of demands on the staff team in the dementia unit.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references including a reference from the previous employer.

Care files included risk assessments which identified the level of risk and the control measures in place to minimise risk. These covered a wide range of areas such as falls and mobility. Information guided staff on the actions they should take to minimise an identified risk.

Medicines were managed, stored and given to people as prescribed. People's medicines administration records (MARs) included a picture of the person, which reduced the likelihood of error; and details of any allergies. Medicines were stored appropriately and the room temperature monitored to help ensure the integrity of the medicines. Some medicines required refrigeration and the refrigerator temperatures were monitored and fell within the recommended guidelines. Creams or eye drops had been dated upon opening. This meant staff would be aware of the expiry date of the item, when the medicine would no longer be safe to use. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Medicine audits were completed regularly to help ensure any errors were quickly identified.

Some people had their medicines administered covertly. This means it was hidden in food or drink and given to them without their knowledge. Where decisions to do this had been taken, the correct process had been followed to ensure this was in the person's best interest. All the relevant professionals had been

involved in the decision making process as well as representatives for the person involved such as a close relative. These decisions were regularly reviewed.

There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills. Personal Emergency Evacuation Plans (PEEPs) were in place for each individual living at Trelana. These are used by first responders to inform them of the support people will need to exit the building in an emergency. Checks on the water supply and electrical appliances were completed regularly.

The provider employed a maintenance worker full time who was able to attend to any necessary repairs or redecoration. They were also responsible for the upkeep of the garden. The maintenance log showed any recorded problems were quickly addressed.

Good

Is the service effective?

Our findings

Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with organisational policies and procedures. All new staff new were required to complete the Care Certificate. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff completed training to help ensure they were able to meet people's needs across a range of areas including moving and handling, infection control and health and safety. There was also training in areas specific to the needs of the people living at Trelana. On the day of the inspection some staff were attending a moving and handling training session at the service. An external healthcare professional told us; "There appears to be a consistent and comprehensive induction and training programme for new workers with on-going training."

Staff were supported through one to one meetings, daily handovers and team meetings. One to one meetings were used to identify any training needs and discuss any concerns or suggestions staff might have about the support provided to people. Practical supervisions had recently been introduced where senior staff observed care workers and supported them to improve their working practice. The area manager told us they were planning to provide these sessions for all staff at least once a year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. DoLS applications had been made for a number of people and the registered manager was awaiting the outcome for these. There were no DoLS authorisations in place at the time of the inspection.

Some people had Lasting Power of Attorneys (LPA's) in place. A lasting power of attorney is a legal document that allows people to appoint an attorney to help them make decisions or to make decisions on their behalf. There are two types of LPA; health and welfare and property and financial affairs. The attorneys were usually a family member. Care plans did not always clearly document when people had an LPA and what type this was. This meant staff might not have been aware if relatives had a legal right to make decisions on people's behalf. Some care plans had been signed by a family member consenting, for

example, to their plan of care, the use of photographs and the use of services supplied by Trelana such as hairdresser, chiropodist and optician. It was not always evident these consents had any legal standing. We discussed this with the registered manager who said they would ensure this was more clearly documented. Following the inspection they contact us to inform us they had written to all relatives requesting copies of any LPA's in place.

We observed the support people received during the lunchtime period. The meal was unrushed and people were talking with each other and with staff. Specialised crockery and cutlery was supplied to help people to eat independently. Staff asked people if they wanted to wear clothes protectors when eating. This was done discreetly and in a way which protected people's dignity. Some people required assistance to eat their meals and staff sat with people and supported them. Most staff engaged with people while supporting them, maintaining eye contact and encouraging light conversation.

We looked at the menus, which were rotated over a four week period to help ensure people had access to a varied diet. These showed people were offered healthy options including fresh fruit and vegetables. Kitchen staff told us the budget was sufficient to provide people with a wide range of good quality produce which met their needs and preferences. People told us they enjoyed their meals and were always offered a choice. Comments included; "The food is good and I like my food" and "I like the food very much." Meeting notes stated there were plans to introduce healthy snacks throughout the day and in addition to biscuits which were always offered with hot drinks. Suggestions made included carrot sticks with dips and soft fruits.

Improvements had been made to the decoration of the dementia unit which took into account the needs of people living with this condition. This is important as adaptations within the environment can have a significant effect on people's health and well-being. The walls were brightly coloured and there was a series of wall fixtures which provided people with tactile objects of interest to interact with. The decoration and bright colours used helped enable people to move around the unit and orientate themselves independently. Colours had been chosen in line with recent research findings. For example, the carpet was plain green so people would associate it with grass and not be confused or disorientated by a pattern. The area directly outside the lift doors had been wallpapered to create a feeling of being outdoors and a seating was available in this area. People were using this space throughout the day and chatted with us as we passed through. Corridors were furnished with photographs from the 1940's onwards, wall decorations which gave the impression of windows, memorabilia boxes and rummage drawers. There were several dolls and dolls clothes available for people to pick up and interact with as they moved through the unit.

Good

Is the service caring?

Our findings

During the day of the inspection we spent time observing people in both units. We saw staff reassuring people when they were agitated and gently distracting people from any anxieties they had. People told us staff were kind to them. One pointed to two members of staff and told us; "They are both nice, they don't grumble at me."

People were cared for by staff who were caring and sensitive to people's needs. During the inspection we saw several examples of caring and thoughtful interactions. This was particularly evident in the dementia unit. Staff frequently spoke with people, checking on their well-being and making light conversation. People knew staff by their names and the atmosphere was friendly and relaxed. Comments included; "Very gentle handling", "They give me privacy when I need to go to the toilet – they just help me" and "Smashing staff, good staff. I get everything I need."

The unit was organised to suit people's preferences. A television was on in a shared lounge. When it was clear no-one was watching it staff turned it off and put the radio on instead. A piano was available and one person played several tunes on it. After each tune people and staff applauded. This showed the person was valued.

People's bedroom doors were generally left open, particularly on the ground floor. This meant people passing and any visitors were able to easily see into people's bedrooms. This did not protect people's privacy and dignity. There was no evidence to show people had agreed to this practice. We spoke with one person in their bedroom who told us staff did not knock before entering. While we were with them a member of staff came into the room without knocking or calling first. We highlighted this to the registered manager who told us they would remind staff of the need to respect people's private spaces.

People's personal relationships were respected and supported. Relatives told us they visited when they wanted and were made to feel welcome. A couple living at Trelana were unable to share a room due to their conflicting needs. Staff made sure they had opportunities to spend time together if they wished.

Staff knew the people they cared for. Care plans contained information about people's backgrounds and personal histories. For example, it was recorded in one care plan that the person had an interest in motorbikes. Staff were aware of this and knew they could have a conversation on the subject with the person. This kind of information is important as it helps staff to engage meaningfully with people.

Staff explained to people what they were doing before providing personal care or moving people around the building. A relative commented; "Staff always ask when they are giving care and choosing clothes. The carers do chat with him when they can."

Good

Is the service responsive?

Our findings

People's needs were assessed before coming to live at the service by the registered manager or area manager. Staff were supplied with a summary of information about any new people to help ensure they had an understanding of their needs and preferences. Care plans were developed and these were regularly reviewed by the nurses.

Care plans gave details about each person's needs and were reviewed monthly or as people's needs changed. The care plans provided staff with information about the level of support people required for specific tasks. For example; "Promote [person's name's] independence by prompting her to brush her teeth and passing her the comb to do her hair." Care plans directed staff to assist people to use the bathroom; "in order to improve and maintain continence needs." There was more detailed information about people's needs in a wide range of areas including mobility, personal care, communication and nutrition.

Where people had been identified as being at risk due to deteriorating health monitoring records had been put in place. This meant any further decline in people's well-being would be quickly highlighted. For example, some people were having their skin condition regularly checked. The records had not always been completed appropriately to document this was occurring in line with people's care plan. In addition, we found that pressure reliving air mattresses were not always correctly set according to people's weights. We highlighted these issues with the registered manager. Following the inspection they informed us they had introduced a new system to help ensure the settings were checked twice a day by the nurses. In addition they were arranging training for all staff to enable them to adjust the mattresses if necessary.

Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff kept daily records detailing the care and support provided each day and how people had spent their time. These were completed consistently at various points throughout the day.

Two activity co-coordinators were employed to provide and arrange a range of activities for people. In our conversations with them they demonstrated an enthusiasm for their roles and a willingness to try new activities. Neither had received training in how to effectively engage with people living with dementia. We discussed this with the registered manager. Following the inspection they contacted us to inform us both co-ordinators were now receiving training in this area.

During the inspection, on the dementia unit, we frequently saw staff interacting with people. For example, we saw a nurse playing a game of skittles with one person. Care workers often stopped to spend time with people and initiate games with balloons. People responded well to this and the atmosphere was friendly and calm. There was less evidence of staff engaging people in pastimes and social interactions on the other unit. One member of staff commented; "Downstairs [the dementia unit] every day is different."

Some people had said they would like to go on day trips out and a mini bus had been purchased to facilitate this. The area manager told us they were having it adapted to make it wheelchair accessible. There were plans to erect a greenhouse in the gardens to allow people with an interest in gardening to continue with

their hobby. External entertainers visited the service. For example, musicians and a 'Pat the Dog' organisation. One person was supported to use the local Memory Café and another attended a weekly gym session. This demonstrated people were supported to take part in activities which met their individual preferences.

Some people chose to remain in their rooms. Staff checked these people regularly. The activity co-ordinators encouraged these people to take part in one to one activities. This helped protect people from the risk of social isolation.

There was a policy and procedure in place for dealing with people's concerns or complaints. Complaints had been recorded and dealt with to the satisfaction of the complainant. A relative commented; "I will always tell the manager if I have any concerns and they will see to it."

Good

Is the service well-led?

Our findings

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was well supported by the area manager who was frequently working in the service.

The registered manager took an active role within the running of the home and demonstrated good knowledge of the staff and the people who lived at Trelana. A member of staff told us; "They [registered and area managers] will help on the floor if they need to. We are very lucky."

The management team were committed to working to improve the service. For example, the registered manager had developed a safeguarding tool to give them a clear oversight of any concerns raised. In addition supervisions had been developed to include observations of working practices designed to drive improvement in individual staff performance. Future plans included identifying members of staff to be champions in particular areas of care. This would include dementia, continence and end of life care. The registered manager was open to ideas and happy to discuss any areas of improvement with the inspection team. Following the inspection they provided us with an action plan outlining what improvements they were making in light of the initial feedback at the end of the inspection.

Staff and external healthcare professionals were very supportive of the registered manager and thought highly of them. Comments included; "Whenever I have had an issue she has been very supportive", "[Registered manager] is an exceptional manager. She always has time to listen and as a visiting professional I feel my opinions and concerns are heard and my experience and expertise respected. Improvements being made at Trelana are both visible and felt" and "[Registered manager] is passionate about her work and engages well with staff and residents and their families, I feel that she has a sound knowledge and has a firm base from which to build on."

There were clear lines of responsibility within the service. The area manager and registered manager worked together to provide staff with supervisions. Nurses had oversight of care plans and were responsible for running the shift in whichever unit they were based in. A key worker system had recently been introduced. Key workers are assigned to work particularly closely with named individuals. There were plans in progress to recruit a clinical lead to support the registered manager.

Staff meetings were held regularly. These were arranged to help ensure they were relevant for staff attending them. There were separate meetings for care workers, nurses and kitchen and domestic staff. The meetings for nurses and care staff were arranged to overlap to allow time to discuss any common issues as a group. Meetings were an opportunity for staff to voice any questions or put forward any suggestions.

There were systems in place to gather the opinions of people living at Trelana and their relatives. Relative

meetings were held and questionnaires circulated regularly. A suggestion box was available in the entrance hall. There were plans to develop a residents' forum which would be led by someone living at the service.

There were quality assurance systems in place to help identify any gaps in the delivery of care or areas for improvement. Audits were carried out in line with policies and procedures. This included audits of care plans, falls, medicines and the environment. Action plans were created following any highlighted area for improvement and these were generally completed. For example, following a pharmacy audit temperature charts had been put in place to monitor the temperature of a new refrigerator and the room where medicines were stored.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The last inspection report was clearly displayed in the entrance hall.